

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09781200</i>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	X												
2	X												
3	X												
4	X												
5	X												
6	X												
7	X												
8	X												
9													
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16	X												
17	X												
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27	X												
28	X												
29	X												
30	X												
31	X												
32	X												
33													
34													
35													
36													
37	1												
38													
39	X												
40	X												
41	X												
42	X												
43	X												
44	X												
45													
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56	X												
57	X												
58													
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61													
62													
63													
64	X												
65	X												
66	X												
67	X												
68													
69													
70	1												
71													
72													
73													
74													
75													
76	X												
77	X												
78	X												
79	X												
80	X												
81													
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87													
88													
89													
90													
91													
92	X												
93	X												
94	X												
95	X												
96													
97													
98													
99													
100													
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

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						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
4 21							71						
1 22							72						
1 23							73						
1 24							74						
1 25							75						
1 26							76						
1 27							77						
1 28							78						
1 29							79						
1 30							80						
1 31							81						
1 32							82						
1 33							83						
1 34							84						
1 35							85						
1 36							86						
1 37							87						
1 38							88						
1 39							89						
1 40							90						
1 41							91						
1 42							92						
1 43							93						
1 44							94						
1 45							95						
1 46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.	24						TOTAL DEP.						
TOTAL CLAIMS	25						TOTAL CLAIMS						